

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF OREGON**

Plaintiff(s),

vs.

Civil Case No:

**APPLICATION FOR SPECIAL  
ADMISSION - *PRO HAC VICE***

Defendant(s).

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As local counsel in the above captioned case and in accordance with LR 83.3, I am recommending the following attorney for admission *pro hac vice* and certify that the information contained in this application is true.

- 1. Pro Hac Vice Attorney Certification:** I have read and understand the requirements of LR 83.3, and certify that the following information is correct:

**(A) Personal Data:**

- (1) Name:
- (2) Firm or Business Affiliation:
- (3) Mailing Address, City, State and Zip Code:
- (4) Business E-mail Address:
- (5) Business Telephone Number:
- (6) Fax Telephone Number:

**(B) Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

- (1) State Bar Admissions: Name of court; admissions standing, date of admission, and BAR ID number.
- (2) Federal Bar Admissions: Name of court; admissions standing, date of admission, and BAR ID number.

(C) **Certification of Disciplinary Proceedings:**

\_\_\_\_ I certify that I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association or administrative agency; or

\_\_\_\_ I certify that I am now, or have been subject to disciplinary action from a state or federal bar association or administrative agency (*See* attached letter of explanation).

(D) **Certification of Professional Liability Insurance:** I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(E) **Representation Statement:** I am representing the following party(s) in this case:

\_\_\_\_\_

(F) **CM/ECF Registration:** Concurrent with approval of this *pro hac vice* application, I acknowledge that I will automatically be registered to access the court's Case Management/Electronic Case File system. (*See* [ecf.ord.uscourts.gov](http://ecf.ord.uscourts.gov)). I also consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(D) and LR 100.13(a).

2. **Certification of Associated Local Counsel:** I certify that I am member in good standing of the Bar of this Court, that I have read and understand the requirements of LR 83.3(d), and that I will serve as designated local counsel in this particular case.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Local Counsel)

Typed Name and Oregon State Bar ID Number  
Firm or Business Affiliation  
Mailing Address, City, State & Zip Code  
Business E-mail Address  
Business Telephone Number  
FAX Number

\_\_\_\_\_  
(Signature of Pro Hac Vice Counsel)

Typed Name  
Firm or Business Affiliation  
Mailing Address, City, State & Zip Code  
Business E-mail Address  
Business Telephone Number  
FAX Number

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**COURT ACTION**

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\_\_\_\_\_ Application approved subject to payment of fees  
\_\_\_\_\_ Application approved and fee waived  
\_\_\_\_\_ Application denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
United States District Judge

cc: Counsel of Record